

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS  | ID NO. | DATE     |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION         | <i>Sm</i> |        | 09-13-01 |
| O.I.P.E. CLASSIFIER       |           | 2      | 9/24/01  |
| FORMALITY REVIEW          | <i>ju</i> | 1019   | 10-08-01 |
| RESPONSE FORMALITY REVIEW |           |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim             | Date    |
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| Final<br>Original |         |
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| Claim             | Date |
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| Claim             | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet her